



UPPER EXTREMITY FUNCTIONAL INDEX

Name: _____ Date: _____

Injury: _____ Left Right

Please Complete: We are interested in knowing whether you are having difficulty at all with the activities listed below **because of your upper limb problem** for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

ACTIVITIES

	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1. Any of your usual work, housework, or school activities	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3. Lifting a bag of groceries to waist level	0	1	2	3	4
4. Lifting a bag of groceries above your head	0	1	2	3	4
5. Grooming your hair	0	1	2	3	4
6. Pushing up on your hands (e.g. from bathtub or chair)	0	1	2	3	4
7. Preparing food (e.g. peeling, cutting)	0	1	2	3	4
8. Driving	0	1	2	3	4
9. Vacuuming, sweeping or raking	0	1	2	3	4
10. Dressing	0	1	2	3	4
11. Doing up buttons	0	1	2	3	4
12. Using tools or appliances	0	1	2	3	4
13. Opening doors	0	1	2	3	4
14. Cleaning	0	1	2	3	4
15. Tying or lacing shoes	0	1	2	3	4
16. Sleeping	0	1	2	3	4
17. Laundering clothes (e.g. washing, ironing, folding)	0	1	2	3	4
18. Opening a jar	0	1	2	3	4
19. Throwing a ball	0	1	2	3	4
20. Carrying a small suitcase with your affected limb	0	1	2	3	4

COLUMN TOTALS:

INTERNAL USE ONLY	Minimum Level of Detectable Change (90% Confidence): 9 points	SCORE: _____ / 80
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